

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11877

93d

CERTIFICATE OF DEATH

Reg. Dist. No.

268

1. PLACE OF DEATH:

Somerset

County

Chance

City or town

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Chance

How long in hospital or institution?

3. (a) FULL NAME

JOHN L. BIVENS

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Edith Hull Bivens

6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.)

April 7, 1874

8. AGE: Years

74

Months

4

Days

7

If less than one day

hrs.

min.

9. Birthplace

Chance-Somerset-Maryland

(Town, county, and state)

10. Usual occupation

Waterman

11. Industry or business

MOTHER FATHER

Columbus Bivens

12. Name

Chance, Maryland

13. Birthplace

Easter Dashiel

14. Maiden name

Wicomico County, Maryland

15. Birthplace

Mrs. Edith Bivens

16. Informant

Address

Chance, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

H. Harvey Bradshaw

18. Funeral director

Address

Crisfield, Maryland

19. Nov. 14 (Date rec'd by registrar)

19 48

Lola T. Wheatley

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Somerset

City or town Chance

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

218-12-1286

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 9 1948 at 5:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 10th 1945 to Nov. 9 1948

and that I last saw him alive on Nov. 8th 1948

Immediate cause of death

Cerebral Hemorrhage 2 yrs. B.M.T.

Due to

Hypertension

Due to

Chronic Myocarditis 18 months

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

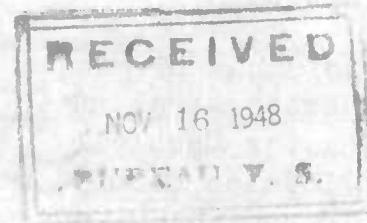
Injured at work?

23. SIGNATURE

Eleanor G. Mawman

M. D. or other

Princess Anne, MD Date signed 11-12-48



PLEASE WRITE PLAINLY, WITH INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11878

CERTIFICATE OF DEATH

Reg. Dist. No. 260

83a

1. PLACE OF DEATH:

County... Somerset

City or town... Westover

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Priscilla Collins

4. Sex

Female

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Westover, MD

6. (c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

Mar 28-1870

8. AGE:

Years
78Months
9Days
26

If less than one day

hrs.
min.

9. Birthplace

Somerset County

(Town, county, and state)

10. Usual occupation

House wife

11. Industry or business

Dove Home

12. Name

Sarah T. Johnson

13. Birthplace

Somerset Co., MD

14. Maiden name

Arietta Smith

15. Birthplace

Somerset Co., MD

16. Informant

Sarah E. Hansen

Address

Westover, MD.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Nov 26 1948
(month) (day) (year)

Cemetery or crematory

Cottage Home

Location

Westover, MD

18. Funeral director

Norma J. Ward

Address

Marion, MD.

19. Reg. No.

11878

(Dated rec'd by registrar)

18 R. S. Johnson M.D.

Address

Pine Avenue, MD.

Reg. No.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Somerset

City or town... Westover
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 22nd 1948 at 9:20 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20th 1942 to Nov. 22nd 1948and that I last saw her alive on Nov. 20th 1948

Immediate cause of death

Cerebral Hemorrhage

Due to

Due to

Other conditions

Seizure Spasms
Powerless legs

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Eddie G. Mansmann M. D. or other

Address Pine Avenue, MD. Date signed 11-22-48

RECEIVED

NOV 26 1948

DEPARTMENT OF STATE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11879

CERTIFICATE OF DEATH

131a
Reg. Dist. No.

265

1. PLACE OF DEATH:

County.....

Somerset

City or town.....

Marion Stations

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

before

Hospital, institution, or street address where death occurred:.....

How long in hospital or Institution?.....

3. (a) FULL NAME

William M. Wally

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widow

B. (b) Name of husband or wife.....

Pawhatan

6. (c) If alive, give age..... years

7. Birth date of

deceased (mo. day, yr.)

August 6 1866

8. AGE:

Years

Months

Days

If less than one day

82 3 22 hrs. min.

9. Birthplace.....

Somerset Co.

(Town, county, and state)

10. Usual occupation.....

Somerset

11. Industry or business.....

None

MOTHER FATHER

12. Name.....

Daniel S. Wally

13. Birthplace.....

Somerset Co.

14. Maiden name.....

Virginia

15. Birthplace.....

Somerset Co.

16. Informant.....

Wally W. Wally

Address.....

Parkersburg Va

17. Burial.....

Burial Cemetery

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Bethel Baptist

Location.....

Bethel Md

18. Funeral director.....

Ward 3 Lexington

Address.....

906 Main St. Lexington MD

19. (Date rec'd by registrar).....

11/30 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Somerset

City or town.....

Marion Stations

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

November 28 1948 at 3:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov 1 1948 to Nov 28 1948

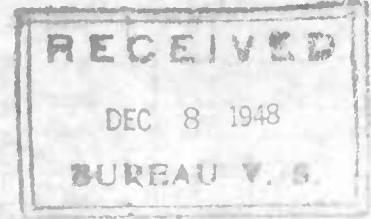
and that I last saw her alive on November 28 1948

Immediate cause of death.....

Tremors

Acute Delirium

Due to.....



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11880

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County.....

City or town.....

Somerset,
Manokin,

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

20 yrs.

Hospital, Institution, or street address where death occurred

How long in hospital or institution?.....

3. (a) FULL NAME

Anna Fallon

4. Sex

He

5. Color or race

Coly

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband

James Fallon

7. Birth date of deceased (mo., day, yr.)

August 16, 1890

6. (c) If alive, give age - years

8. AGE:

Years 58 Months 3 Days 3 If less than one day

. hrs. . min.

9. Birthplace

Oakville, Somerset, Md.

(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

Lit King

12. Name

Oakville, Md.

13. Birthplace

Hennie (Unknown)

14. Maiden name

Oakville, Md.

15. Birthplace

James Fallon

16. Informant

Manokin, Md.

Address

Burial

Date thereof Nov. 22, 1948

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Oakville

Location

Oakville, Md.

18. Funeral director

Norma J. Ward.

Address

Marietta, Md.

19. Date rec'd by registrar

11/22/48

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

City or town.....

Manokin

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 19th 1948, at 10 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 1948 to Nov. 19th 1948

and that I last saw her alive on Sept. 23 1948

Immediate cause of death

Tubes Prolaps.

Due to

Due to

Other conditions

onycos Colitis

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

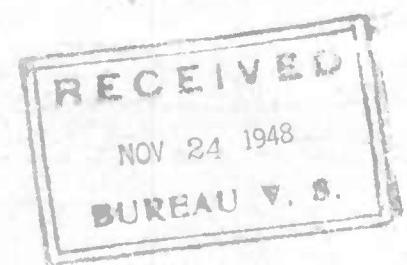
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

Eduard G. Newkirk M.D. or other

Address: Princess Anne, Md. Date signed: 11-19-48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:

County... Somerset

City or town... Frenchtown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

MINERVA W. FRENCH

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Samuel French

6.(c) If alive, give age... years

7. Birth date of deceased (mo., day, yr.)

Sept. 7, 1876

8. AGE: Years

Months

Days

if less than one day

72

1

26

hrs.

min.

9. Birthplace

Frenchtown, Somerset, Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER

12. Name... John Tyler

13. Birthplace... Smith Island, Md.

14. Maiden name... Sedonia Howeth

15. Birthplace... Northumberland, County, VA.

16. Informant

Mrs. Carroll French

Address

Frenchtown, Md.

17. Burial

Date thereof... Nov. 5, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory... Mechanics Cemetery

Location

Fairmount, Md.

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Md.

19. 11/5

19.

(Date rec'd by registrar)

R. S. Johnson, M.D.
2d. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland

County... Somerset

City or town... Frenchtown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

November 3 1948 at 9:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. Nov. 14 1948 to Oct. 26 1948 and that I last saw her alive on Oct. 26 1948.

Immediate cause of death

Arterio-sclerotic heart disease

DURATION

6 years

Due to

Due to

Other conditions

Gastritis &
Thyroid

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank Waters Jr.

M. D. or other

Princetown Aug. 11/5/48 Date signed

RECEIVED

NOV 9 1948

BUREAU U. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

Somerset County.

Crisfield City or town.

(If outside city or town limits, write RURAL and give nearest town)

Lifetime How long in above place of death?

McGready Memorial Hospital Hospital, Institution, or street address where death occurred:

1 day How long in hospital or institution?

3. (a) FULL NAME

PERRY CLAY HOLLAND

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Alice Mason Holland

7. Birth date of deceased (mo., day, yr.)

November 10, 1865

6.(c) If alive, give age years

68

8. AGE: Years

82

11

Months

29

Days

If less than one day

hrs.

min.

9. Birthplace

Hopewell-Somerset-Maryland

(Town, county, and state)

10. Usual occupation

General hauler & filling Sta.

11. Industry or business

MOTHER FATHER

John Holland

12. Name

Hopewell, Maryland

13. Birthplace

Julia Frances Lankford

14. Maiden name

Crisfield, Maryland

15. Birthplace

Mrs. Alice Holland

16. Informant

33 Asbury Avenue

Address

17. Burial

Date thereof Nov. 11, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Sunnyridge Cemetery

Location

Hopewell, Maryland

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Maryland

19. Nov. 11 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. 33 Asbury Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 8 1948

I CERTIFY that death occurred on the date above stated, that intended decease from

Nov. 5 1948 to Nov. 8 1948

and that I last saw him alive on Nov. 8 1948

Immediate cause of death General arteriosclerosis - myocardiitis

Tuberculosis - Hypertrophy Prostate

Due to Glaucom. & Acute Cardiac

Dilatation

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

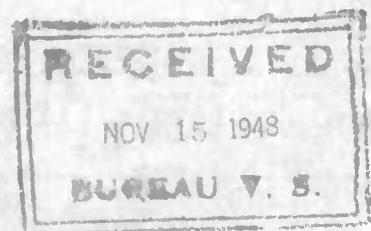
Injured at work?

Signature, or other

or other

Date signed

Address



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

830

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County.....

Somerset

City or town.....

Lorenzburg

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

James Oliver Holmes

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m

w

Single

B. (b) Name of husband or wife.....

None

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age..... years

Capricorn 16, 1945

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

3

6

19

9. Birthplace.....

Lorenzburg, MD

(Town, county, and state)

10. Usual occupation.....

None

11. Industry or business.....

None

MOTHER FATHER

12. Name.....

John Mallory Holmes

13. Birthplace.....

PA

14. Maiden name.....

Lucy Lewis

15. Birthplace.....

MD

16. Informant.....

John Mallory Holmes

Address

Lorenzburg, MD

17. Burial, cremation, or removal. Which?

Burial

Bthrsot.

11/6/48

(month)

(day)

(year)

Cemetery or crematory.....

Sunrise Lodge

Location.....

Lorenzburg, MD

18. Funeral director.....

W. E. L. Lawrence

Address

Lorenzburg, MD

19. Nov. 8

1948

Janice E. Spies

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

MD

County.....

Somerset

City or town.....

Lorenzburg

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Capitol Ave

(If rural, give LOCATION)

2.(a) If veteran, name war.....

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH.....

Nov 4

1948 at 9:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct. 1

1948 to Nov. 4 1948

and that I last saw him/her alive on Nov. 4 1948

Immediate cause of death.....

Cerebral Hemorrhage

Due to..... Congenital malformation

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings at operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE.....

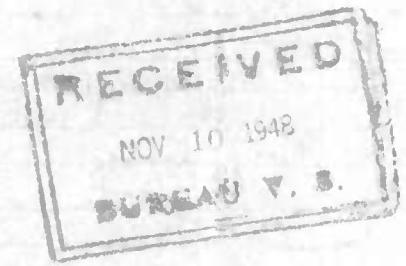
S. M. Peyton Jr.

M. D. or other

Address.....

Crestwood, MD

Date signed Nov 8 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

167

CERTIFICATE OF DEATH

Reg. Dist. No. 365

The correct page

1. PLACE OF DEATH:

Somerset
County...
City or town... Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

McCready Memorial Hospital
2 days

How long in hospital or institution?

3. (a) FULL NAME

LEWIS HENRY MERRILL JOHNSON

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

Colored

Single

6. (b) Name of husband or wife

6. (c) If alive, give age

years

7. Birth date of deceased (mo., day, yr.)

June 4, 1921

8. AGE:

Years
27Months
5Days
1811 less than one day
hrs. min.

9. Birthplace

Hopewell-Somerset-Maryland
(Town, county, and state)

10. Usual occupation

Seafood Laborer

11. Industry or business

MOTHER FATHER Roland Johnson

Name

12. Name

13. Birthplace Hopewell, Maryland

Birthplace

14. Maiden name Irene Merrill

Maiden name

15. Birthplace Hopewell, Maryland

Birthplace

16. Informant McCready Hospital

17. Burial

Date thereof

Nov. 28, 1948
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hopewell Colored Cemetery

Location

Hopewell, Maryland

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Maryland

19. (Date rec'd by registrar)

11/25

19

48

Janice S. Spies

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... Somerset

City or town... Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

214-18-4811

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 22, 1948 835P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

He was dead when
and that I last saw him alive 19

Instrument cause of death

Shot wounded in
left Breast between
3rd & 4th Ribs

Due to

Due to

Other conditions

William H. Caulbourn, M.D.
(Include pregnancy within 3 months of death)

Major findings of operations... DEPUTY MEDICAL EXAMINER

FOR SOMERSET COUNTY

Autopsy report

Same as answer above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following

Accident, suicide, or homicide Date of

Where did injury occur Crisfield, Som. MD. Date

Injured at home, farm, industry, public place (where?)

Means of injury

It was caused by a fall

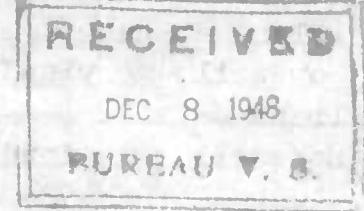
Myself

Signature

M. D. or other

Crisfield, MD Nov 25/48

Add



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 262

11885

PLACE OF DEATH:

Somerset
County...
RURAL, Pocomoke CityCity or town...
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County... Somerset
RURAL, Pocomoke City
(If outside city or town limits, write RURAL and give nearest town)
Rt. # 1
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

3. (a) FULL NAME

THOMAS LEE LANDING

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	Colored	Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) July 9, 1948

8. AGE: Years Months Days If less than one day
3 1 hrs. min.9. Birthplace Cokesbury-Somerset-Maryland
(Town, county, and state)

10. Usual occupation.....

11. Industry or business

MOTHER FATHER	12. Name	Robert Landing
	13. Birthplace	Somerset County, Maryland
	14. Maiden name	Georgia Handy
	15. Birthplace	Somerset County, Maryland
	16. Informant	James Handy
	Address	Pocomoke City, Md. #Rt.1

17. Burial Date thereof Nov. 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Tindleys Chapel Cemetery

Location RURAL, Pocomoke City, Md.

18. Funeral director H. Harvey Bradshaw
Address Grisfield, Maryland19. Nov. 13th 1948
(Date rec'd by registrar)Janice E. Spire
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

I certify the death occurred on the date above stated: that I attended deceased from

and that I last saw him alive on

Immediate cause of death

Obstruction -

Occlusion -

from History

No signs of

Cause play

Other conditions

William H. Coulbourn, M. D.
(Include pregnancy month of death)

Major findings of operations DEPUTY MEDICAL EXAMINER

Date of op. FOR SOMERSET COUNTY MD.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

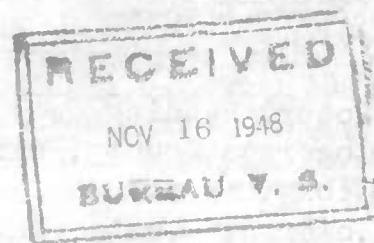
Wayne Coulbourn

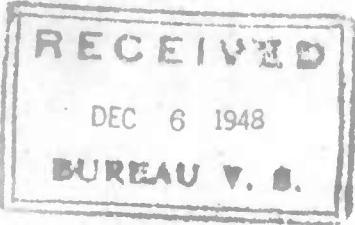
M. D. or other

Address Bresfield Md. 11-11-48

Date signed

See Let. Awanit, KACY. Fldr. 12-15-48 - Annexed





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 744

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

Somerset

City or town

Shelby

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

80 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Elizabeth M. Smith

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

Widowed

6. (b) Name of husband or wife

Edward P. Smith

7. Birth date of deceased (mo., day, yr.)

August 8-1868

6. (c) Alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

80 3 12

hrs. min.

9. Birthplace

Shelby, Somerset, Md.

(Town, county, and state)

10. Usual occupation

Homemaker

11. Industry or business

MOTHER FATHER

James D. Milbourne

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Addressee

19. (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Somerset

City or town

Shelby, Somerset, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

November 29, 1948, 8: p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 1, 1947, to Nov 20, 1948, and that I last saw her alive on Nov 19, 1948.

Immediate cause of death

Acute heart attack

menstruation

Due to: Auto anticoagulants
classic myocardiitis

Due to:

Other conditions

Postpartum hemorrhage

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

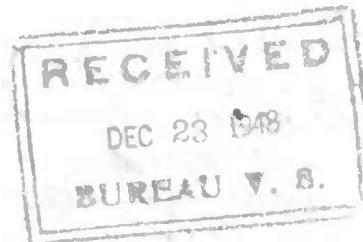
Injured at work?

23. SIGNATURE

George Glazebrook M.D.

M. D. or other

Address: Marion St. M.D. Date signed: Nov 20, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County

Somerset

City or town

Loyngwood

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Albert Augustus Sterling

4. Sex

Male

5. Color or race White

6. (a) Single, married, widowed, or divorced

B. (b) Name of husband or wife

Sarah E.

7. Birth date of deceased (mo., day, yr.)

Nov 25 1844

B. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

103 11 9 hrs. min.

9. Birthplace

Loyngwood MD

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Waterman

MOTHER FATHER

12. Name

Aaron Sterling

MD

13. Birthplace

MD

14. Maiden name

Betty Nelson

MD

15. Birthplace

MD

16. Informant

Page Sterling

Loyngwood

Address

Burial

D. thereof

11/7/48
(month) (day) (year)

Cemetery or crematory

Arderry

Location

Loyngwood

18. Funeral director

W. H. & Son

Address

Loyngwood

19. Date rec'd by registrar

Nov. 8th 1948

(Date rec'd by registrar)

Janice E. Spies

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Loyngwood (If outside city or town limits, write RURAL and give nearest town)

Street No. R. 3. 15

(If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov 4 1948 at 1:10 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Nov. 3

Immediate cause of death

Cerebrovascular

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

S. W. Peyton

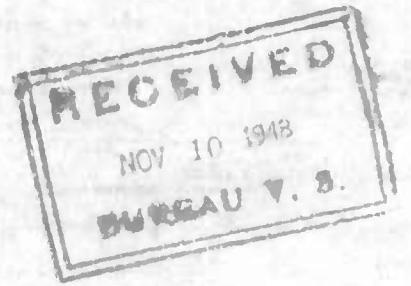
M. D. or other

Address

Crisfield

Md.

Date signed Nov. 8, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

186a

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Emma E. Sterling

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female white widow

6. (b) Name of husband or wife

George Sterling

7. Birth date of deceased (mo., day, yr.)

October 25, 1865

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Crisfield, Maryland

(Town, county, and state)

10. Usual occupation

House-wife

11. Industry or business

MOTHER FATHER

12. Name

Elijah Nelson

Crisfield, Maryland

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. Burial

(Burial, cremation, or removal. Which?)

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date recd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

City or town

County

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1948

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 2 1948, to Nov. 29, 1948

and that I last saw her alive on Nov. 29, 1948

Immediate cause of death

Fracture of left lung

DURATION

27 days

Due to

Due to

Other conditions Anterior clavicular
dislocation

Inclination to bleed

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of 11/21/48

Where did injury occur

Crisfield

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Home

Means of injury

Fall

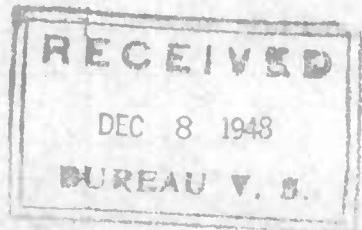
Injured at work?

23. SIGNATURE S. M. Peyton

M. D. or other

Address

Crisfield, Md. Date signed Dec. 1, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

53
MAY 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County. Somerset

City or town. Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

Chesapeake Ave. Extended

How long in hospital or institution?

3. (a) FULL NAME

HAROLD E. STERLING, SR.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife.

Cynthia Lankford

6. (c) If alive, give age 50 years

7. Birth date of deceased (mo. day. yr.)

Sept. 16, 1893

8. AGE:

Years

Months

Days

If less than one day

55

9

16

hrs.

min.

9. Birthplace

Crisfield - Somerset - Maryland

(Town, county, and state)

10. Usual occupation

Merchant

11. Industry or business

Auto Accessories

12. Name

Riley M. Sterling

13. Birthplace

Somerset County

14. Maiden name

Lillian Mason

15. Birthplace

Somerset County

16. Informant

Harold Sterling, Jr.

Address

Crisfield, Maryland

17. Burial

Date thereof Nov. 22, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Crisfield Cemetery

Location

Crisfield, Maryland

18. Funeral director

H. Harvey Bradshaw

Address

Crisfield, Maryland

19. Nov. 22

(Date rec'd by registrar)

19. 48

(Date received by registrar)

Janice E. Spain
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland

County. Somerset

City or town. Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Chesapeake Ave. Extended

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Nov. 20, 1948, at 9:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Siley 19.48, to Nov 19.48

and that I last saw him alive on Nov 18, 1948

Immediate cause of death

Carcinoma, squamous cell, of neck + face 10 years

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. G. Rawley M.D.

M. D. or other

Address

Crisfield, Md. Date signed Nov. 22

